

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ST		11-15-99
O.I.P.E. CLASSIFIER			11-23-99
FORMALITY REVIEW	LA	63390	12/7/99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	5	10	15	20	25	30	35	40	45	50	Date
1	1	1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11/15
2	2	2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
3	3	3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4	4	4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5	5	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
6	6	6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
7	7	7	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
8	8	8	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
9	9	9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
10	10	10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
11	11	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
12	12	12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
13	13	13	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
14	14	14	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
15	15	15	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
16	16	16	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
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Claim	Final	Original	5	10	15	20	25	30	35	40	45	50	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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